

**Political Organization
Notice of Section 527 Status**

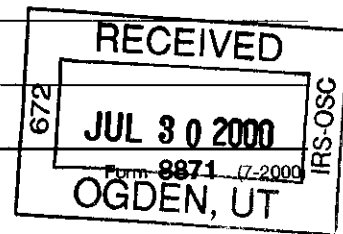
OMB No. 1545-1693

Part I General Information

1 Name of organization <i>Kleis Campaign Committee</i>		Employer identification number <i>41 1979335</i>
2 Mailing address (P.O. Box or number, street, and room or suite number) <i>P.O. Box 6201</i>		
City or town, state, and ZIP code <i>St Cloud MN 56302</i>		
3 E-mail address of organization <i>davekleis@home.com</i>		
4a Name of custodian of records <i>Dave Kleis</i>	4b Custodian's address <i>Box 6201</i> <i>St Cloud MN 56302</i>	
5a Name of contact person <i>Dave Kleis</i>	5b Contact person's address <i>Box 6201</i> <i>St Cloud MN 56302</i>	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number <i>45- 20th Ave No St Cloud MN 56303</i>		
City or town, state, and ZIP code <i>St Cloud, MN 56303</i>		

Part II Purpose**7** Describe the purpose of the organization*MN State Senate Campaign Committee***Part III List of All Related Entities** (see instructions)

8a Name of related entity	8b Relationship	8c Address
<i>NONE</i>		



9a Name

9b Title

9c Address

Dave Kleis

Candidate

45-20th Ave No
St Cloud, MN 56303

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign
Here**

Signature of authorized official

Date _____

